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Docket No. 01/22222

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Knowledge Tree Medical Enablement					
the sp		Number	tes Application No. or PCT		
specifi	ication, including the claim	s, as amended by any a	and the contents of the above amendment referred to above.		
knowr Sectio	n to me to be material to in 1.56.	patentability as defin	: Patent and Trademark Office all I ed in Title 37, Code of federal R	eguiations,	
Sectionary Postates paten	on 365(b) of any foreign ap CT International application listed below and baye at	pplication(s) for patent on which designated a so identified below, by r PCT International app	, United States Code, Section 11 or inventor's certificate, or Section to least one country other than checking the box, any foreign application having a filing date before	the United	
Prior	Foreign Application(\$)		Priority No	t Claimed	
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(Application Serial No.)	(Filing D	ate)
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(Application Serial No.)	(Filing D	aro)
Office all the information known to	o me to be material to patenta ble between the filing date of th	nited States Patent and Trademark bility as defined in Title 37, C.F.R., ie prior application and the national (Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pensing, abandoned)
	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)		

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact ail business in the Patent and Trademark Office connected therewith. (Ilst name and registration number)

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